

## Fill in this information to identify the case:

Debtor name GRAND CANYON DESTINATIONS, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 23-10399-nmc☒ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ **Amended Schedule E/F**
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

4-24-2023

X

Signature of individual signing on behalf of debtor

Anthony Dobbs

Printed name

President

Position or relationship to debtor

## Fill in this information to identify the case:

Debtor name **GRAND CANYON DESTINATIONS, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **23-10399-nmc**☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

**Internal Revenue Service**  
**P.O. Box 7346**  
**Philadelphia, PA 19101-7346**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed
**\$65,271.29 \$0.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

2.2 Priority creditor's name and mailing address

**Nevada Department of Taxation**  
**Bankruptcy Section**  
**555 E. Washington Ave., #1300**  
**Las Vegas, NV 89101**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed
**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes
**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **GRAND CANYON DESTINATIONS, LLC**  
NameCase number (if known) **23-10399-nmc**

3.1	<b>Nonpriority creditor's name and mailing address</b> <b>A1 Office Solutions</b> <b>1215 S. Commerce St.</b> <b>Las Vegas, NV 89102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101.79</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>200 Vesey Street</b> <b>New York, NY 10285</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Anthony Dobbs</b> <b>8020 S Rainbow Blvd #100-458</b> <b>Las Vegas, NV 89139</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Post petition employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Artemis Refunds</b> <b>3565 S Las Vegas Blvd</b> <b>Las Vegas, NV 89109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80,823.97</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Assured Document Destruction, Inc.</b> <b>8050 Arville St., #105</b> <b>Las Vegas, NV 89139</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.09</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Borcuta</b> <b>334 W San Juan Ave.</b> <b>Phoenix, AZ 85013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$108,276.00</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Brandon Lomeli</b> <b>5305 Easy Place</b> <b>Las Vegas, NV 89107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Post petition employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>GRAND CANYON DESTINATIONS, LLC</b> <small>Name</small>	Case number (if known)	<b>23-10399-nmc</b>
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Business Finance Loan</b> <b>3301 N University Drive Ste 300</b> <b>Coral Springs, FL 33065</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Caesars Entertainment Corporation</b> <b>One Caesars Palace Dr</b> <b>Las Vegas, NV 89109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,154.00</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Celebrity Coaches</b> <b>6430 Procyton Street</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$154,794.12</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Chinese Host</b> <b>3525 W Hacienda Ave.</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$202,955.04</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Claribel Torres</b> <b>8841 Clear Blue Drive</b> <b>Las Vegas, NV 89117</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Post petition employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Cofactor, LLC</b> <b>2711 Centerville Road, Suite 400</b> <b>Wilmington, DE 19808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Computers, Inc.</b> <b>3950 N. Tenaya Way, #160</b> <b>Las Vegas, NV 89129</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,389.00</b>

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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Del Rey Social</b> <b>4015 Via Marina #202</b> <b>Marina Del Rey, CA 90292</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$138,720.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>DeLage Landen Financial</b> <b>PO BOX 41602</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Dept. of Employment, Training &amp; Rehab</b> <b>Employment Security Division</b> <b>500 East Third Street</b> <b>Carson City, NV 89713</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Dolan Station</b> <b>15916 Pierce Ferry Road</b> <b>Dolan Springs, AZ 86441</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47,437.19</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Ekna Hue</b> <b>717 Skipjack Dr</b> <b>Henderson, NV 89015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Post petition 1099 employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Empire Strategies</b> <b>180 S. Stephanie #120</b> <b>Henderson, NV 89012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$128,500.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Fabulous Transportation</b> <b>5375 Cameron Street, Suite B</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,750.00</b>

Debtor	<b>GRAND CANYON DESTINATIONS, LLC</b> Name	Case number (if known)	<b>23-10399-nmc</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>First Source Bank</b> <b>100 N. Michigan Street</b> <b>South Bend, IN 46601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Fundbox</b> <b>PO Box 981535</b> <b>Plano, TX 75024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Gia Davis</b> <b>6160 Rimrill Street Unit #124</b> <b>Las Vegas, NV 89113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Post petition employee</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Global Safety Network</b> <b>3590 S 42nd Street</b> <b>Grand Forks, ND 58201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Greenspun Media Group LLC</b> <b>2275 Corporate Center, #300</b> <b>Henderson, NV 89074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>ITravel USA LLC</b> <b>6280 S. Valley View Lane</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,428.00</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Jaime Brown</b> <b>5325 E Tropicana Ave #1018</b> <b>Las Vegas, NV 89122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Post petition 1099 employee</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **GRAND CANYON DESTINATIONS, LLC**

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Name

3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Jessica Perez</b> <b>4203 Honeycomb</b> <b>Las Vegas, NV 89147</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Post petition employee</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Kabbage</b> <b>730 Peachtree St. NE; Suite 1100</b> <b>Atlanta, GA 30308</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Karen Anthony</b> <b>1524 Highfield Ct</b> <b>North Las Vegas, NV 89032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Post petition employee</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Katie Barnes</b> <b>2345 Spruce Goose St #C323</b> <b>Las Vegas, NV 89135</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Post petition 1099 employee</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Kevin Smith</b> <b>1609 Cloud Dance Ct</b> <b>North Las Vegas, NV 89031</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Post petition 1099 employee</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Laila Bogari</b> <b>3644 S Fort Apache Apt #1093</b> <b>NV 89167</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Post petition 1099 employee</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Live Oak Bank</b> <b>1757 Tiburon Drive</b> <b>Wilmington, NC 28403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

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3.36	Nonpriority creditor's name and mailing address <b>Lorie Dirilo</b> <b>921 Sunnyfield Way</b> <b>Henderson, NV 89015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Post petition employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.37	Nonpriority creditor's name and mailing address <b>LV Photo</b> <b>Attn: Mark Bragen</b> <b>8400 West Sunset Road, 3rd Floor, Suite</b> <b>Las Vegas, NV 89113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$525,906.00</b>
3.38	Nonpriority creditor's name and mailing address <b>M&amp;T Capital and Leasing</b> <b>225 Asylum St 20th Floor</b> <b>Hartford, CT 06103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deficiency guaranty</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$326,000.00</b>
3.39	Nonpriority creditor's name and mailing address <b>Marlin Business Bank</b> <b>300 Fellowship Rd Mt.</b> <b>Mount Laurel, NJ 08054</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guaranty</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.40	Nonpriority creditor's name and mailing address <b>Navy Federal Credit Union</b> <b>820 Follin Lane SE</b> <b>Vienna, VA 22180</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.41	Nonpriority creditor's name and mailing address <b>People's Capital &amp; Leasing</b> <b>850 Main Street</b> <b>Bridgeport, CT 06604</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deficiency guaranty</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.42	Nonpriority creditor's name and mailing address <b>Red Target DBA SCJ Commerical Financial</b> <b>17507 DuPont, Ste. 2</b> <b>Harrington, DE 19952</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$73,237.35</b>



Debtor **GRAND CANYON DESTINATIONS, LLC**  
NameCase number (if known) **23-10399-nmc**

3.43	Nonpriority creditor's name and mailing address <b>Reisman Sorokac</b> <b>8965 S. Eastern Ave., #382</b> <b>Las Vegas, NV 89123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,214.78</b>
3.44	Nonpriority creditor's name and mailing address <b>Southeast Travel &amp; Tours</b> <b>9814 Havasupai Ave</b> <b>Las Vegas, NV 89148</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$630,255.00</b>
3.45	Nonpriority creditor's name and mailing address <b>Steven Jackson</b> <b>9620 W Russell Rd</b> <b>Las Vegas, NV 89148</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Post petition 1099 employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.46	Nonpriority creditor's name and mailing address <b>Sundance Helicopters</b> <b>5596 Haven Street</b> <b>Las Vegas, NV 89119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$82,806.00</b>
3.47	Nonpriority creditor's name and mailing address <b>Tahoe Water Springs</b> <b>3300 Meade Ave. C</b> <b>Las Vegas, NV 89102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$215.43</b>
3.48	Nonpriority creditor's name and mailing address <b>Teagen Marketing</b> <b>410 N. Fern Dale Road</b> <b>Plymouth, MN 55447</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$168,500.00</b>
3.49	Nonpriority creditor's name and mailing address <b>The Tap</b> <b>704 E Nevada Way</b> <b>Boulder City, NV 89005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **GRAND CANYON DESTINATIONS, LLC**  
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3.50 Nonpriority creditor's name and mailing address

**Theodore Dobbs  
19007 N 12th Dr  
Phoenix, AZ 85027**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: **Post petition employee**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.51 Nonpriority creditor's name and mailing address

**Thrivin  
8707 Spanish Ridge Lane, #135  
Las Vegas, NV 89148**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**\$1,625.63**

3.52 Nonpriority creditor's name and mailing address

**US Bank  
PO BOX 1950  
Saint Paul, MN 55101**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: **Credit card**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.53 Nonpriority creditor's name and mailing address

**Vegas Retail Supply  
6615 Escondido Street, Suite C  
Las Vegas, NV 89119**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**\$1,268.35**

3.54 Nonpriority creditor's name and mailing address

**Westside Lilos  
PO Box 55  
Seligman, AZ 86337**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**\$64,898.61**

3.55 Nonpriority creditor's name and mailing address

**Windstar Lines  
PO Box 786  
1903 N US HWY 71  
Carroll, IA 51401**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: **Charter**Is the claim subject to offset? ☒ No ☐ Yes**\$17,588.17****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Anthony Dobbs 228 Friendly Court Henderson, NV 89052</b>	Line  <input type="checkbox"/> Not listed. Explain _____	—

Debtor **GRAND CANYON DESTINATIONS, LLC**Case number (if known) **23-10399-nmc**

Name

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.2 **Kaempfer Crowell**  
**Robert R. McCoy, Esq.**  
**1980 Festival Plaza Dr., Suite 650**  
**Las Vegas, NV 89135**

Line

☐ Not listed. Explain \_\_\_\_\_

4.3 **Kaempfer Crowell**  
**Ellsie E. Lucero, Esq.**  
**1980 Festival Plaza Dr., Suite 650**  
**Las Vegas, NV 89135**

Line

☐ Not listed. Explain \_\_\_\_\_

4.4 **Raich Law PLLC**  
**Sagar R. Raich, Esq.**  
**6785 S. Eastern Ave., Suite 5**  
**Las Vegas, NV 89119**

Line

☐ Not listed. Explain \_\_\_\_\_

4.5 **Raich Law PLLC**  
**Brian Schneider, Esq.**  
**6785 S. Eastern Ave., Suite 5**  
**Las Vegas, NV 89119**

Line

☐ Not listed. Explain \_\_\_\_\_

4.6 **The Law Offices of Timothy Elson**  
**8965 S. Eastern Ave., Suite 38**  
**Las Vegas, NV 89123**

Line

☐ Not listed. Explain \_\_\_\_\_

4.7 **US Small Business Administration**  
**409 3rd St, SW**  
**Washington, DC 20416**

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

4.8 **US Small Business Administration**  
**Attn: District Counsel**  
**455 Market Street, Suite 600**  
**San Francisco, CA 94105**

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

**Total of claim amounts**5a. \$ **65,271.29**5b. + \$ **2,852,949.52**5c. \$ **2,918,220.81**